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CONFIRMATION NO. 1649

<b>SERIAL NUMBER</b> 10/800,588	<b>FILING OR 371(c) DATE</b> 03/15/2004 <b>RULE</b>	<b>CLASS</b> 229	<b>GROUP ART UNIT</b> 3782	<b>ATTORNEY DOCKET NO.</b> NORA-0001	
<b>APPLICANTS</b> Thomas West, Greenfield Center, NY;					
<b>** CONTINUING DATA *****</b> J. S. This appln claims benefit of 60/487,353 07/15/2003					
<b>** FOREIGN APPLICATIONS *****</b> J. S.					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/28/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Harry Elkin</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23550					
<b>TITLE</b> Box flap locking system					
<b>FILING FEE RECEIVED</b> 1570	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		